

10/529,993

-2-

RECEIVED
CENTRAL FAX CENTER

APR 17 2007

The claims fee has been calculated as shown below:

| | | | | | SMALL ENTITY | | OTHER THAN SMALL ENTITY | | |
|--|----------------------------------|-------|---------------------------------|---------------|--------------|-----------|-------------------------|--------------|-----------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT FEE | OR | RATE | ADDIT FEE |
| TOTAL | 27 | MINUS | * 27 | 0 | X \$25 | \$ | | X 50 | \$ 0 |
| INDEP | 3 | MINUS | ** 3 | 0 | X \$100 | \$ | | X \$200 | \$ 0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$180 | \$ | | + \$360 | \$ |
| | | | | | TOTAL = \$ 0 | | | TOTAL = \$ 0 | |

* not fewer than 20
** not fewer than 3

The Application Size Fee has been calculated as shown below:
(Effective for cases filed on or after December 8, 2004)

| Actual Sheets (Including current amendment) | Highest No. of Sheets Paid For (At least 100) | No. of Additional Units Required (Increments of 50 sheets) | SMALL ENTITY | | OTHER THAN SMALL ENTITY | | Payment Sufficient for up to |
|---|---|--|--------------|-------------------|-------------------------|-------------------|------------------------------|
| | | | Rate | Total Amount Owed | Rate | Total Amount Owed | |
| 57 | 100 | | X \$125 | \$[] | X \$250 | \$[] | 100 sheets |

Petition for Extension of Time

- ☒ Applicant hereby petitions to extend the time to respond to the Office Action dated October 17, 2006 for three month(s) from January 17, 2007 to April 17, 2007. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

10/529,993

-3-

RECEIVED
CENTRAL FAX CENTER
APR 17 2007

Please charge Deposit Account No. 08-0380 for the following fees:

| | | |
|-------------------------------------|--|---------|
| <input checked="" type="checkbox"/> | Petition for three month Extension of Time | \$ 1020 |
| <input type="checkbox"/> | Claims Fee | \$ |
| <input type="checkbox"/> | Application Size Fee | \$ |
| <input type="checkbox"/> | Other Fees: | \$ |
| | | \$ |
| | | \$ |
| | TOTAL: | \$ 1020 |

A check is enclosed in payment of the following fees:

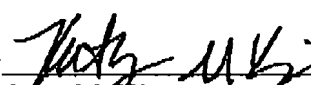
| | | |
|--------------------------|--|----|
| <input type="checkbox"/> | Petition for three month Extension of Time | \$ |
| <input type="checkbox"/> | Claims Fee | \$ |
| <input type="checkbox"/> | Application Size Fee | \$ |
| <input type="checkbox"/> | Other Fees: | \$ |
| | | \$ |
| | | \$ |
| | TOTAL: | \$ |

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By


Kathryn McKizer

Registration No.: 51,628

Telephone (978) 341-0036

Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: